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7590 08/24/2004

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Evelyn A. Defillo	(Depositor's name)
<i>Evelyn A. Defillo</i>	(Signature)
11/22/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/954,494	09/17/2001	James G. Castillo	3863.015	8042

TITLE OF INVENTION: ALCOHOL BASED TOPICAL ANESTHETIC FORMULATION AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<i>No Yes</i>	\$150 670 685	\$300	\$1650 970 985.00	11/24/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KIM, VICKIE Y	1614	514-626000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0877 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 11/22/04

Typed or printed name Evelyn A. Defillo

Registration No. 45,630

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